

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 410)

SERIAL NO.

10/28/87

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.	3		2		4	
TOTAL OFF.	3		20		20	
TOTAL	33		22		24	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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